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Bib Data Sheet

CONFIRMATION NO. 3942

<b>SERIAL NUMBER</b> 09/777,107	<b>FILING DATE</b> 02/05/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 73546/06356
<b>APPLICANTS</b> Thomas F. Collura, Mayfield Heights, OH; Theresia Mrklas, Bedford, OH;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/01/2001</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 23380				
<b>TITLE</b> Network enabled biofeedback administration				
<b>FILING FEE RECEIVED</b> 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	